STATE OF CALIFORNIA

FORMS COORDINATOR APPOINTMENT

FMC 105 (REV. 7/2002)

DEPARTMENT OF GENERAL SERVICES
OFFICE OF STATE PUBLISHING
FORMS MANAGEMENT CENTER
344 North 7th Street
Sacramento, CA 95814 or IMS P-6
Phone: (916) 324-9697 or (916) 323-0311
Fax: (916) 376-6340

TO: Departmental Forms Coordinators

The Forms Management Center (FMC) is updating its statewide Forms Management Coordinator's list. In compliance with Government Code, complete the information requested below and return it to the Forms Management Center at the address in the upper right. Thank you for your prompt attention and cooperation.

D	EPARTMENTA	L FORMS C	COORDIN	ATOR INFO	ORMATION		
					FOR FMC U	JSE ONLY	
Places			tuno ou puint		DATE RECEIVED BY FM	DATE RECEIVED BY FMC	
		Piease	type or print	•			
COORDINATOR'S NAME (Last No		TITLE					
DEPARTMENT NAME			<u> </u>				
DIVISION			UNIT, BUREAU, OR SECTION				
STREET ADDRESS (Number, Street, Room Number/Mail Stop)			(City)		(State and 9-digit ZIP Code)	IMS CODE	
				T			
TELEPHONE NUMBER	CALNET NUMBER	FAX NUMBER		E-MAIL ADDRESS			
	e 14772 requires each of the section	•	• •	•	-		
	AUTHORIZA	TION-TO BE C	OMPLETED	BY DIVISION C	HIEF		
	The individua	l named above	has been ap	pointed to act o	as the		
		departmental f	_	_			
DIVISION CHIEF (Please type or print)			TELEPHONE NUMBER		E-MAIL ADDRESS	E-MAIL ADDRESS	
DIVISION CHIEF'S SIGNATURE					1	DATE SIGNED	
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